VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

CERTIFICATE OF DEATH

01390

302

1. PLACE OF DEATH: County		City or town	wother) Washington OWN s, write RURAL and give nearest town) Locust Street s LOCATION)	
3. (a) FULL NAM	E	a Lula Baker		3. (b) Social Security Number None
4. Sex Female	5. Coior or race White	6.(a)Single, married, widowed, or divorced Widowed		ERTIFICATION 1947 7:35 A
	Macah	6, 1886	and that I last saw h. C. Y. alive on	26 10 Office 10 1967 pul 192 1957
8. AGE: Years 61		Days If less than one day A hrs. min.	Immediain cause of death Square	d Colon 6 mo
1D. Usual occupation 11. tndustry or busines 12. Name	Home Du	Mowen nd	Due to	months of death ground Elen
	Mrs. Alie	e Kittell wn, Maryland.	Autopsy results. Jagess - Jaken - PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.
17. Buria (Burial, cremation	al, or removal, Which?) Rose	Date thereof April 12, 194 Hill Cemetery	Accident, suicide, or homicide	Dale ot
18. Funeral director	Fred W. Hagerstow	wn, Maryland Kraiss n, Maryland Gest Sowers, Registrar	Injured at home, farm, industry, public place (w Meens of Injury 23. SIGNATURE Address. J. F.W. W.	

RECETT PD |
APR 15 1947

BUREAU 6

MARGIN RESERVED FOR BINDING

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PLAINLY, V

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-1

CERTIFICATE OF DEATH

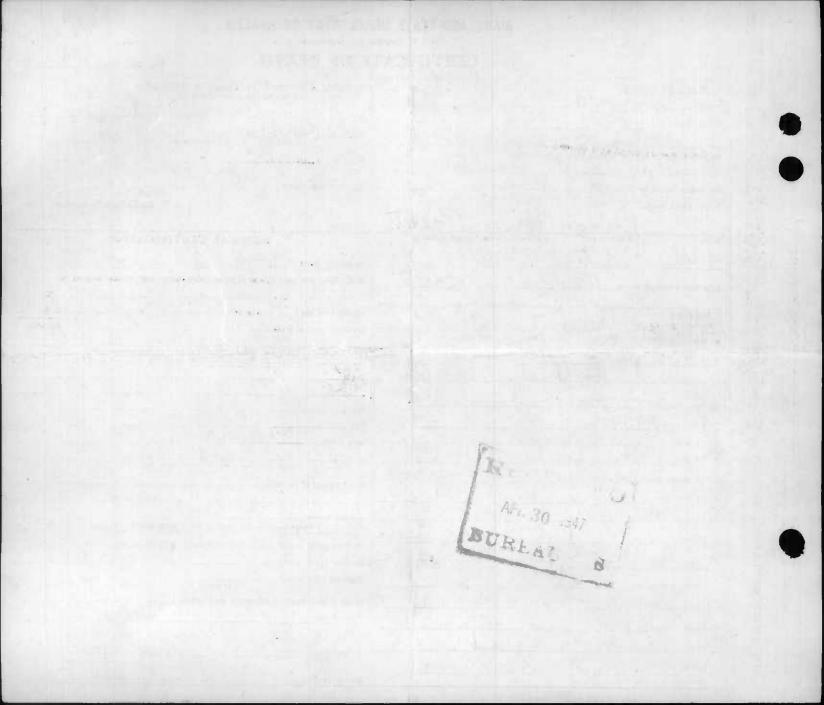
Reg. Dist. No. 302

1. PLACE OF DEATH: County Washington City or fown. Hagers town (if outside city or town limits, write RURAL and give nearest town) How long in above place of death? A Years Hospital, institution, or street address where death occurred: 733 Virginia Ave How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME	3. (b) Social Security 1	Number	
MRS. LAURA BELLE BARGER	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female white widow	2D. DATE DF DEATH April 10 1947 19.	2 P	
6.(b) Name of husband or wife Rev William D. Barger 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) June 16, 1856	21. CERTIFY that death occurred on the date above stated; that I attended deceand that I last saw h. And alive on Open A. Immediaic cause of death.	19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	
8. AGE: Years Months Days If less than one day	Immediais cause of death	7 days	
90 9 25hrsmin.			
s. Birfiplace. Centersville, Tyler Co. Va. (Town, county, and state) 10. Usual occupation. Housewife	Due to Codycada	140	
11. Industry or business Own Home	Due 10	***************************************	
Peter Smith 12. Name Peter Smith 13. Birthplace Centersville Va.	Dther conditions	***************************************	
	(Include pregnancy within 3 months of death)		
14. Maiden name Mary Ripley			
14. Maiden name Mary Ripley 15. Birthplace Ripley, West Virgina	Major findings of operations		
16. Informant Miss Bessie Barger	Antonsy results.		
Address Hagerstown Md.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Burial [Burial Date fhereof 4/14/47 (Burial eremation, or removal Which?) [Burial Cemetery or crematory Rose Hill Cemetery Ce	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Hagerstown Md.	(City or town) (County)	(State)	
LUCATION	Means of injury injury injury injured at work?		
16. Funeral director			
Address Hagerstown Md.	23, SIGNATURE action L Blesning	mo	
19 Afor. 11. 19 47 - Chastillowers (Date rec'd by registrar) Registrar	Address B. M. D. Date signed		

APR 14 1947 BUREAU 3

Chi	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct a is especially important. Physicians: please write the causes of death clearly and legibly.
•	Y, WITH UNFADING INK. Supply every item of information carefully. The equality important. Physicians: please write the causes of death clearly and legibly.
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	nation cath clea
ರ	f informs of dea
INDIN	item o
FOR B	ly every
RVED	Supp
RESE	IG INK
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	nportan
	ILY, W
×	PLAINLY is especiall
VS A15 9.45-15M	WRITE
A15	EASE
VS	PL

CERTIFICAT	E OF DEATH Rog. Diet. No. 302
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State
3. (a) FULL NAME BOART	3, (b) Social Security Number
4. Sex 5. Color er race 6.(a) Single, married, widowed, or divorced Male White Married 8.(b) Name of husband or wife Marry Ellen Barrett	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Day's It less than one day 4	April 20, 19 47 to April 28, 19 47 and that I last saw h im alive on April 27, 18 47 Immediate cause of death Hypertensive, cardio-vascular 5 yrs renal disease
9. Birthplace Nashington Gunty, and state) 10. Usual occupation. Japanese Touranty 11. Industry or business Touranty	Due to
12. Name	Other conditions
16. Informant Mrs. Mary E. Harrell Address P. F. With Jarpers Teny, West Ca	Actopsy results
(Burlial, cremation, or regional, Which?) Date thereof	Accident, suicide, or homicide
18. Funeral director Religion Over July Va. Address Charles Course July Va.	23. SIDNATURE Berry Policy M. D. or other
(Mate rec'd by registrar) (Mate rec'd by registrar) Registrar	Address Shepderdstown, W. Va. Bato signed 4228/47



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

01393

CERTIFICATE OF DEATH

Reg. Diat. No. 301

County		nnits, write RURAL and give nearest town) 5 days leath occurred: y hospital 3 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Washington State County Cascade City or town. (If outside city or town limits, write RURAL and give nearest town Street No (If rural, give LOCATION) 2.(a) It veteran, name war	n)
3. (a) FULL NAM	E	Naomi Ruth Beckne	3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	Divorced	20. DATE OF DEATH APRIL 13 19. 47 , all	:30P
6.(b) Name of husband 7. Birth date of deceased (mo., day,	Marr 1	iver Grayson	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from april 19. 47 to april 13 and that I last saw h. e. alive on april 13	
8. AGE: Years	# Months	Days It less than one day	Immediair course of death Duyocardial dilitation 41	13/47
9. Birlhplace	Fayettevi (Town. No.	lle Frank. Pa,	2011105 - 1 D. D. 1 D. 1 2	
12. Name	Fayettevi Annie F Unknown	lle fa. Tahrney	Other conditions	
Address Buria (Burial, cremation Cemetery or cremat	ascade Mo	Date thereof. 4-17-47 (month) (day) (year) y Cemetery	Autopsy results PHYSICIAN: Ptease underline the cause to which death should be charged statistical 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide	
18. Funeral director Address	Sontt F	, Minnich & Son	Msens of Injury Injured at work? 23. SIGNATURE	

APR 19 1947
BUREA 1 8

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

correct age

2411 N. Charles St., Baltimore 940

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1		K	0	U	-	

CERTIFICATE OF DEATH

Reg. Diat. No. 30 2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)	
CountyWashington		
City or town	State Maryland county Washington	
How long in above place of death? 25 years	City or town Hacerstown (1f outside city or town limits, write RURAL and give nearest town)	
Hospital Institution, or street address where death occurred:	Street No. 333 South Street	
Washington County Hospital	(If rurai, give LOCATION)	
How tong in hospital or institution? Few Minutes	2.(a) If veleran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
William H. Bradley 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	/ 219-01-7931	
	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH. 4 19 19 21 57	
6.(b) Name of husband or wite Katie M. Bradley	21. I CERTIFY that death ecourred on the date above stated; that I attended deceased from	
T. Birth date of	19 10 11 19	
T. Birth date of deceased (mo., day, yr.) April 10, 1885	and that I last saw h	
8. AGE: Years Months Days tiless than one day	Immediaic cause of death	
62 0 0mrsmin.	Coronery allerion 100	
9. Birthplace Philadelphia Pa. (Town, county, and state)	Que to	
(Town, county, and state)		
1D. Usual occupation Painter (Retired)	Due to.	
11. Industry or business		
Bradley	Other conditions	
13. Birtholace Philadelphia, Pa.		
14. Maiden name Margaret Snyder 15. Birthplace Philadelphia, Pa. 16. Informant Mrs. William H. Bradley	(Include pregnancy within 3 months of death)	
Philadelphia Pa.	Major findings of operations	
El 15. Birthplace Fill Lauce Lphita, Las	Date of op.	
16. Informant Mrs. William H. Bradley	Antopsy results	
Address Hagerstown, Maryland		
17. Burial Date thereof 4-14-47 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;	
	Accident, suicide, or homicide	
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?	
Location Hagerstown, Maryland	Injured at home, farm, Industry, public place (where?)	
1B. Funeral director C. M. Suter & Sons	Means of injury Injured at work?	
Address Hagerstown, Maryland	1 + Chappen	
21. 12 18 110 . 1	23. SIGNATURE: M. D. Willer	
19. (Date fee'd by registrar) 19 4. 7 Flassfrooven	addesd N. Quelles V. M. Date signed	

APR 15 1947
BUREAL 8

PLEASE WRITE PLAINLY,

MARYLAND STATE DEPARTMENT OF HEALTHX

01395

Dr. Victor Miller

Reg. Dist. No. 303

2411 N. Charles St., Baltimore (47-d) CERTIFICATE OF DEATH

1 DIACE (OF DEATH:	
	shington	
	Hagers town (If outside city or town limits, write RURAL and	give nearest town)
How long in abo	ove place of death? 3 Months	B. 10 11-21-20 10 11-11
	ution, or street address where death occurred:	
	yman Nursing Home	
How long in ho	ospital or institution? 3 Months	

(For newborn infants give residence	
State Maryland	CountWashington
City or town Hagerstown (If outside city or town his	mits, write RURAL and give nearest town)
Street No. 319 Liberty	St.
	rive LOCATION)
2 (a) If veteran name war None	

3. (a) FULL NAM	3		
	WILLIAM	EDWA	RD BRINKLEY
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced
Male	White	Mar	ried
6.(b) Name of husband	or wife. Virg		Barrow Brinkle
7. Birth date of deceased (mo., day,)	m) April	29,	e) It alive, give age3.7years
8. AGE: Years	Months	Days	It less than one day
38	11	11	hrs, min.
10. Usual occupation	Baker	****************	nklin Co. Pa,
	. Caske		
12. NameHa	rry Brin Mercersb	kley urg P	a.
14. Maiden name.	Irene B	rinkl burg	ey Pa.
			B.Brinkley
Address H	agerstow	n Md.	
Burial (Burial, cremation	or removal. Which?) Rose H	Date ther	emetery
Location Ha	gerstown	Md.	
	Andrew		offman
Address Ha	gerstown	Md.	

now long in nospital of institution:	2.(w) It reversit, manie was
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM EDWARD BRINKLEY	705-12-7383
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. April 8, 19 47 217 P
6.(b) Name of husband or wife. Virgints Barrow Brinkley 5.(c) It alive, give age 37 years 7. Birth date of deceased (mo., day, yr.) April 29, 1908	21. I CERTIFY that doubt occurred on the date above stated; that lattended deceased from 19. 10. 12. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Days It less than one day	Immediag cause of death
38 11 11	(acmona / Lung
9. Birthplace Mercersburg Franklin Co. Pa, (Town, Sounty, and state) 10. Usual occupation Baker 11. Industry or business Caskey Baking Co. 12. Name Harry Brinkley 13. Birthplace Mercersburg Pa. 14. Maiden name Irene Brinkley 15. Birthplace Mercersburg Pa. 16. Informant Mrs. Virginia B. Brinkley	Due to
	Antopsy results
Address Hagerstown Md. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown Md. 16. Funerat director. Andrew K. Coffman Address Hagerstown Md.	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
16. Ope. 9, 19.47 Significant Registrar	23. SIGNATURE M. D. or other Address Date signed 9. 4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-4

Dr. Wells 01396

		CERTIFICAT	TE OF DEATH Reg. D	ist. No. 302	
1. PLACE OF DEATH: County			2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nesrest town) Street No. 1098 Virginia Ave. (If ruval, give LOCATION) 2.(a) It veteran, name war None 3. (b) Social Security Number		
	MRS. SAR	AH MARGARET BUSICK	Non		
4. Sex Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICA		
		iam	21. I CERTIFY that death occurred on the date above staled; that I March 19	attended deceased from Apr/27/47	
deceased (mo., day, y	Months	Days It less than one day	Immediate cause of death. Chr. myocarditis		
g. Birthplace	Houge	26hrsmin. reek, Wythe Co. Va vife	Due to auricular fibrillat:	ion 4yrs	
11. Industry or busines	s Own I	Home nes	Due to		
13. Birthplace 14. Maiden name.	Lucind	Creek Va. a Davis le Creek Va.	(Include pregnancy within 8 months of death) Major findings of operations	•••••••••••••••••••••••••••••••••••••••	
16. Informant	rs. J. S agerstow	Crockett	Autopsy results	d be charged statistically.	
Cemetery or cremato		eters Cemetery	Accident, sulcide, or homicide	inty) (State)	
1B. Funeral director	Andrew lagerstow	Coffman Md. BlogHJowers Registrar	23. SIGNATURE LE WORLS + 10 E	at work? (Co Du D. M. D. 772 2/4) Date signed.	



MARGIN RESERVED FOR BINDING

VS A15 9.45-15M (P) PLEASE WRITE PLAINLY, WITH U

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 304.

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Maryland County Washington City or town Sharpsburg (If outside city or town limits, write RURAL and give nearest town) Street No. (If rurai, give LOCATION)		
3.(a) FULL NAME William Gardner Bussard	3. (b) Social Security Number 219-13-6416		
4. Sex 5. Color or race 6.(a) Single, merried, widowed, or divorced Single Single	MEDICAL CERTIFICATION 2D. DATE DF DEATH April 16 19 47 21 4:00P M		
6.(b) Name of husband or wife	years and that I last saw harmonalive on California 1947		
8. AGE: Years Months Days If less than one day 4 hrs	Immediate cause of death A. DURATION OF THE CONTROL OF THE CONTRO		
9. Birthplace Sharpsburg-WashMaryland (Town, county, and state) 10. Usual occupation. Laborer 11. Industry or business Pangborn CorpHagerstown, Month Busserd. 12. Name. Franklin Busserd.	Due tod		
14. Malden name Annie Morrison 15. Birthplace Locust Grove-Md 16. Informant Mrs. Annie Bussard	Major findings of operations		
Address Sharpsburg, Md 17. Burial Date thereof April 19.19 (Burial, cremation, or removal. Which?) Cemetery or crematory. Luthuran Location Locust Grove-Md. 18. Funeral director. R. I. Earnshaw	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Address Keedysville, Md 19. (Dato rec'd by registrar) 19. (Dato rec'd by registrar)	23. SIGNATURE Walter H. Sheal for X. M. D. or other		

E Comment of the second Henrick Johnson Jack of Strate Jak

APR 23 1947

CERTIFICATE OF DEATH

Reg. Diat. No. 300

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For provident infants give residence of mother)		
County Washing Cont				(For newborn infants give residence of mother) State Mar land County Washington		
City or town			***************************************	State War Land Cour	y asningt	on
(If e	outside city or town li	mits, write l	RURAL and give nearest town)	City or town Hagerstown (If outside city or town limits,		
How long in above place	of death? 7 We	CAB	al.			est town)
Sherm	an Ave	geath occurre	u.	Street No. Sherman Ave		
				(If rural, give l	LOCATION)	
	r Institution?			2.(a) If veteran, name war	4	
3. (a) FULL NAM	E				3. (b) Social Security N	lumber
	Sue Butt	ts				
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	P
Female	White		Single	20. DATE OF DEATH April 29	1947	6,00
a di Norre di Sered	or wife	-		21. I CERTIFY that death occurred on the date above		
6.(0) Name of nusband				19	to	19
7. Birth date of		6.0	(c) If alive, give ageyears	and that I last saw hative on	***************************************	19
deceased (mo., day,	yr.) March	21 1	947	Immediate space of death		DURATION
8. AGE: Years	s Months	Days	If less than one day	Suffocation by asp		
-	1	8	hrsmin.	vomitus		
н	agerstown	Wasi	h. Co. Md.	Bus to		***************************************
9. Birthplace			h. Co. Md.	Dee 10		
1D. Usual occupation.	Infant	t				
11. Industry or busines				Due to		.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		But	ts	Dehor conditions	***************************************	
12. Name	Hagers	town	Md.	Julie continue		
	Bettie			(Include pregnancy within 3 m		
14. Maiden name				Major fiedings of operations.		
			nding Md.		Date of op	
16. Interment	Melvin A.	But	ts	Aotopsy resolts.		
Address	Hagersto	own M	d.	PHYSiCIAN: Please underline the caose to wh		tatistically.
_			= /2 /AM	22. VIOLENCE: If death was due to external caus		ma=/:m
(Burial cremation	n, or removal. Which?)	Date the	(month) (day) (year)	Accident, suicide, or homicide. Accid.en	Date of 4/	
04	ory Mt. Vie	ew Ce	metery	Where did injury occur? Hagerstow	m Wash.	Md.
11				Injured at home farm, industry, public place (wh		(Diace)
Location			Md.	Means of Injury Spring ted. VO	mittomed at work? No	0
18. Funeral director	Andrew F	C. Co	fiman			MEDICAL EX
Address	Hagers	town	Md.	Mikoten 1	Telly WASH	. CO., MD.
1/20. Z	0 47	Loz	ast Bowers.	23. BTGHAT VE	M, D.	77 /
(Late rec'd by re	28. 1947	7	Registrar	Address V. agantowy	Date signed.	4/30/4

FOR BINDING

RESERVED

MARGIN

WRITE

MAY 2 1947 BUREAL 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Qua

CERTIFICATE OF DEATH

" Ralf Juff 399

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	Maryland Washington		
City or town. Hagers town (If outside city or town limits, write RURAL and give nearest town)	Hagangtown		
How long in above place of death?	(If outside city or town limita, write RURAL and give nearest town)		
Hospital Institution, or street address where death occurred: Washington county Hospital	Street No. 834 Georgia Ave (If rural, give LOCATION)		
How long in hospital or institution? 1 Day	2.(a) If veteran, name war		
3.(a) FULL NAME	3. (b) Social Security Number		
	None		
MRS FLORENCE REBECCA CATLETT 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
	7		
	20. DATE DF DEATH April 14 1947 19 31 7 P		
6.(b) Name of husband or wife. Gearge	21. I CERTIFY that death occurred on the date above stated: that I altended decodeed from		
	9 3 4 7 19 10 4 4 19 19 19 19 19 19 19 19 19 19 19 19 19		
T. Birth date of deceased (mo., day, yr.) September 25 1868	and that I last saw in a second in a secon		
8. AGE: Years Months Days If less than one day	Immediais capée of dyath DURATION		
78 6 19hrsmin.			
9. Birthplace Charlestown ranklin Co. Pa.	Due to.		
(Town, county, and state)	DUE 10.		
1D. Usual occupation Housewife	Due to		
11. Industry or business Own Home	320 (3		
Il 12 Name John R. Reed	Dther conditions		
13, Birthplace Mercersburg Pa.	(Include pregnancy within 3 months of death)		
Margaret Reed			
Mercersburg Pa	Major findings of operations		
14. Malden name Margaret Reed 15. Birthplace Mercersburg Pa. 16. Informani Benjamin Gift			
	Autopsy results		
Address Hagerstown Md.	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial (Burial, cremation, or removal, Which?) Burial (Burial, cremation, or removal, Which?) Burial (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Rose Hill cemetery	Where did latury occur?		
Location Hagerstown Md.	Injured at home, farm, Industry, public place (where?) Meane of Injury Injured at work?		
18. Funeral director. Andrew K. Coffman	meane of injury injures at workt		
Address Hagerstown Md.	I F. Sound		
ceps. 16, 47 Chast Bowers	23. SIGNATURE M. D. or other		
19. (Date ree'd by registrar) Registrar	address Wi PIII adject Med Date signed 4/15/4		



9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

	ea St., Baltimore		
CERTIFICAT	TE OF DEATH Reg. Diat. No302		
1. PLACE OF DEATH: County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 12 Years Hospital, Institution, or street address where death occurred: Washington County Home How long in hospital or institution? 12 Years	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3.(a) FULL NAME Miss Mary Louise Coxell	3. (b) Social Security Number None		
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Female White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 4, 19.47 , 215 A		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 79 8 22	max 5 19 47 to Open 4 19 4 and that I last saw h. ex alive on Open 2 19 4 Immediate cause of death DURATIO		
9. Birthplace Reading, Berks Co. Pennsylvani (Town, county, and state) 10. Usual occupation House Wife 11. Industry or business Own Home	Bue to Thrombos dup 3 W/ Due to Gagane right light		
12. Name William Coxell 13. Birthplace Reading Pa. 14. Malden name Sarah Grauh 15. Birthplace Reading Pa.	(Include pregnancy within 3 months of death) Major findings of operations.		
16. Informant William A., Tobias Address Hagerstown Md.	Actors results		
Removal (Burial, cremation, or removal, Which?) Cemetery or crematory Charles Evans Cemetery Reading Penna.	Accident, suicide, or homicide		
18. Funeral directorAndrew K.a. Coffnan Address Hagerstown Md. 19. Upro. 4. 19. 47 Glosh Dowers, (Date rec'd by registrar) Registrar	Means of Injury 1 Injured at work? 23. SIGNATURE		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01401

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For twoorn infants give residence of mother)
County	State
City or town (If outside city or town limits, write RUPAL and give nearest town)	
How long to above place of death?	City or town(If outside city of fown limits, write RURAL and give nearest town)
Hospitaty Institution, or stylet address where death occurred:	Greet No. Classical Talk
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Tichard No	Egenhart for
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH Spril 9 1947, at 1.20 P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	lytic 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
7. Birth date of deceased (mo., day, yr.) Feb 10 - 1947	and that I last saw hom alive on the same alive of the same alive
8. AGE: Years Months Days If less than one day	Immediate cause of death
1 29hrs	in. Manufalian.
8. Birthplace Mr. Myersville Fred. Co. nd.	Due to Gastascartecutio in final slage
(Town, county, and state)	[6/25/47 alec]
1D. Usual occupation	Due to
11. industry or business Morgan - Wolfen	
12. Name Sickail Gagenhauf	Dither conditions
3 13. Birthplace Myersville The	(Include pregnancy within 3 months of death)
14. Malden name Statistion Lewis 15. Birthplace Myerarille md	Major findings of operations
= 15. Birthplace Myersville my	
18. Informant Satheleen Dagenhaus	Antopsy results.
Address Myersville Med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burlal, cremation, or removal. Which?) Bate thereof finenth (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burlal, cremation, or removal. Which?) (month) (day) (year)	
Cometery of Crematory	Where did injury occur? (City or town) (County) (State)
Location W All State of Manual Control of the Contr	injured at home, farm, industry, public place (where?)
18. Funeral director. Auff	Means of injury injured at work?
Address Myersnille Med.	23. SIGNATURE V.W. May M.W.
april 11. 1947 Charterwood	3. SIGNATURE M. D. or other 4/9/47
Dath you'dhy parietyon)	or Address (A / TTM OINTED) Bots stoned T/9/4/



2411 N. Charles St., Baltimore 93-2)

01402

CERTIFICA	TE OF DEATH Reg. Dist. No. 30 2		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
Bertie Jane Pitzker	(Ditzler) 3.(b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, wowed, or divorced Fernale While Widow 6.(b) Name of husband or wife wire Distaler	MEDICAL CERTIFICATION 20. DATE OF DEATH.		
Mar 22, 1862 6.(c) If all referre age year. 7. Birth date of deceased (mo., day, yr.) Mar 22, 1862	ars and that I last saw h limmediais cause of death DURATION Vascular arteriosclerosis		
8. AGE: Years Months Days If less than one day 8. Birthplace unknown			
10. Usual occupation	Goronary occlusion 2wks Hypostatic pneumonia 10 d.		
12. Name unknown 13. Birthplace unknown	Diher conditions		
14. Maiden name with now 15. Birthplace surphrouse 16. Intermant Charles A Brown	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 17. Buriol (Burial, eremation, or removal, Which?) Cemetery or crematory. Date thereof. Mounth (day) Lyear)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Carly Land 18. Funeral director July 4 Jon	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? DEPLITY MEDICAL SYAM		
19. Cliv 9. 19 47 Chart Bowers, (Date ref'd by registrar) Registr	23. SIGNATURE HOLICIT WELLO WASH. CO., MD. M. D. M. D. Address Hagerstown Ma. Date signet Fr. 8 4.		

NACH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLAINL is especia

WRITE

PLEASE

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BINDING

FOR

RESERVED

MARGIN

Chas. A. Bowers

928 Mulberry Ave.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

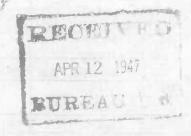
2411 N. Charles St., Baltimore 93

01403

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington County Mashington City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death of urred: A Galana La	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME	3. (b) Social Security Number		
James William Dodd			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 9 18.47 21 3 30 A		
8.(6) Name of husband or wife Margret Bowser Dodd 8.(c) If alive, give age	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from Jan 1 1946 to Qn 9 1947 end that I last saw h. Lan alive on Qn 6 1847.		
7. Birth date of deceased (mo., day, yr.) Oct 25 1853- 1853	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day 5 15	Che Myocardty 10 yrs		
9. Birthplace	Due to		
14. Maiden name dont KnSwerr Spear 15. Birthplace Dont Know Wilson Dodd	(Include pregnancy within 3 months of death) Major findings of operations		
18. Informant Wilson Dodd Address Washington D.C.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial 17 (Burial, cremation, or removal, Which?) Cometery or crematory. Bate thereof April 11 1947 (month) (day) (year) Riverview Cem	22. VIOLENCE: tt death was due to external causes, till in the following; Accident, suicide, or homicide		
Location Williamsport Md	Injured of home, farm, Industry, public place (where?)		
18. Funeral director. Edith V. Leaf Address Williamsport Md 19. Apr. 10. 1947 Plast Bowers	Moans of Injury Injured at work? 10 Feet P. Courad, M.D. or other Address Hagerolowy, Wd. Date signed 4-10-47		



MARGIN RESERVED FOR BINDING

Age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33 A

CERTIFICATE OF DEATH

Reg. Dist. No. 30 Z

1. PLACE OF DEATH: () .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County brankington	T. O. A.
City or town Brudgebout - Kural	State. Maryland county brashington
(If outside city or town lights, write RURAL and give nearest town)	(If outside city or town lights, write RURAL and give nearest town)
How long in above place of death?	
Hagerstown Md. R. I	Street No
	V N.
non long in negative	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Elina Rate Comm	nous
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Dougle White married	2D. DATE OF DEATH Change to 19.47 at 11 40 P. N
2	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(6) Name of husband or wife	Claud 6 18 #4 10 Claud 10 1947
	and that last saw h. Dat. alive on O. Casa. Q. 194.3
7. Birth date of deceased (mo., day, yr.) While - 16 - 1876	
8. AGE: Years Months Days It less than one day	Immediaic cause uf death
70 11 24hrsmin.	DA. CO.
011 10 11 0 1001	The same of the sa
9. Birthplace Daker Stralle Make: So: YYld.	Due to
Harrasiila	
10. Usual occupation	Due to Criterio Selberoals Leavy
11. industry or business Dung Home.	
12 Name Asiah Ellsworth Davis	Dither conditions
12. Name Saiah Ellsworth Laurs 13. Birtholace Bakersinle brash, Co. md	
	(Include pregnancy within 3 months of death)
[5]	Major findings of operations
El 15. Birthplace Deddangton U. Va.	Date of op.
16. Informant Mr. Nerman O. E. Eurust	Autopsy results
11 + mat 01	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address Dageson Ma. 08.1	22. VIOLENCE: It death was due to external causes, fill In the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Manos Cenular	Whera did injury occur? (City or town) (County) (State)
710 + 20.6	(City or town) (County) (State)
Location Near Algundan	
18. Funeral director Last Saus	Maans of Injury Injured at work?
Address Broundraw Md.	
1944 10 10 10 10 10 10 10 10 10 10 10 10 10	23. SIGNATURE M. D. or other
19. 4/ 6 May 7, 20 wery	100 000 mal of my the
(Date-fee'd by registrar) Registrar	Address Date signed Date signed

APR 15 1947

BUREA!

BURATION

	CERTIFICAT	TE OF DEATH Reg. Dist. No. 30		
1. PLACE OF DEATH: County Washington City or town. Will lams of City or town (If outside city or town lim How long in above place of death? 32y.; Hospital, Institution, or street address whore death How long in hospital or institution?	rits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Cquoty Williamsport Md City or town (If outside city or town timits, write RURAL and give nearest town) Street No. 237 Cushwa Ave (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number		
Lola Estella				
4. Sex 5. Color or raca	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female white	married	20. DATE OF DEATH (20 - 9 19 47 21 3 -		
6.(b) Name of husband or wife	artis Fearnow	21. I CERTIFY that death occurred on the data above stated: that I stended deceased from		
6.(b) Name of husband or wife	56	19450 10 00 00 1 9 1		
7. Birth date of		and that I last saw h. L.M. alive on Colonial . 7		
doceased (mo., day, yr.) Oct 26	1893			
8. AGE: Years Months	Days If less than one day	Immediate cause of death		
54 4	14hrsmin.	Cast Go at an in R Line 24		
19. Usual occupation	ounty, and state) 1fe . Myers	Due to		
		Date of op.		
15. informant C. Curt 1	s Fearnow	Autepsy results		
Address Williams	port Md	PHYSICIAN: Please underline the cause to which death should be charged statistically		
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Greenla	Date thereof. April 13 19 wn Cem (month) (day) (year)	22. VIOLENCE: If doath was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Williamsport		Injured at home, farm, industry, public place (where?)		
18. Funeral director Edith V. I	eaf	Means of Injury Injured at work?		
Addross Williamsp	ort Md	23. SIGNATURE 200 Learning 1		
Date ree'd by registrar	6 Le ME Registrat	Address William Fand 714 Date signed #///		

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APR 15 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Washington City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, instillution, or street address where death occurred: Washington County Hospital How long in hospital or institution? One day	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Washington City or town Sharpsburg, (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME John William Fisher , Jr. 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number None MEDICAL CERTIFICATION
Male White Widowed	20. DATE DE DEAT () 19 4 19 4 19 4 19 4 19 5 19 5 19 5 19 5
8,(6) Name of husband or wite Bessie Snavely McGraw 8.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) Sept. 17, 1865	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from 19.4. to 19.4. to 19.4. In the date above stated; that I attended doceased from 19.4. In the date above stated; that I attended doceased from 19.4. In the date above stated; that I attended doceased from 19.4. In the date above stated; that I attended doceased from 19.4. In the date above stated; that I attended doceased from 19.4. In the date above stated; that I attended doceased from 19.4. In the date above stated; that I attended doceased from 19.4. In the date above stated; that I attended doceased from 19.4. In the date above stated; that I attended doceased from 19.4. In the date above stated; that I attended doceased from 19.4. In the date above stated; that I attended doceased from 19.4. In the date above stated; that I attended doceased from 19.4. In the date above stated; that I attended doceased from 19.4. In the date above stated; that I attended doceased from 19.4. In the date above stated; the date above stated in the date above stated in the date above stated in the date above stated; the date above stated in the date above stated; the date above stated in the date above stated; the date above stated in the date above sta
8. AGE: Years Months Days tf tess than one day	Corner Thromboses. 24 fores
Sharpsburg, Washington, Md. (Town, county, and state) 10. Usual occupation. Tool Room Attendant 11. Industry or business Western Maryland Raylmad 12. Name John William Fisher, Sr. 13. Birthplace Vicinity of Sharpsburg, Md.	Due to
14. Malden name Helen Himes 15. Birthplace Vicinity of Sharpsburg, Md.	Major findings of aperational Description of the State
Iva H. Moore 409 Fairview Ave. Address Frederick, Maryland Burial Date thereof. April 7, 1947 (Burial, cremation, or removal, Which?) Cemetery or cremator Mountain View Cemetery	Autopsy results
Location Sharpsburg, Maryland 18. Funeral director Mrs. Edith V. Leaf Address Williamsport, Maryland. 19. Ohv. 7. 1947 Sessification Registrar	Injured at home, farm, industry, public place (where?) Meens of injury 1 Injured at work? 23. SIGNATURE & Altre & Shear M. D. or other Address Date signed 4.4.2

think to be sinte the the the the or yourse Const Standerson 244 .. RECEIVE APR 9 1947 BUREAR

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

Dr. Wells

CERTIFICATE OF DEATH

6.4		100	OLIC	111 1011	D OI BEILLIA	Reg. Diat. No	9.9.2
How long in hospital or 3. (a) FULL NAM	ington gerstown outside city or town le of death? 1 Y street address where Mulber r Institution?	imits, write I	URAL and give nea	arest town)	2. USUAL RESIDENCE (HOME (For newborn infants give residence) State Maryland City or town Hagers town (If outside city or town li Street No. 143 S. Mulb (If rural, 143 S. Mulb) (If rural, 143 S. Mulb)	County Washingt n imits, write RURAL and give n erry Stl	nearest town)
	Harry Go						
4. Sex	5. Color or race		e, married, widowed, o	r divorced	MEDICAL	CERTIFICATION	
Male	White	Ma	arried		20. DATE OF DEATH APRIL 24	194.	7 ,6:50
6.(b) Name of husband	as wife				21. I CERTIFY that death occurred on the date	above stated; that I attended de	ceased from
b.(o) name of nuspand	or wite	***************************************	***************************************	56		. 19 to	19
T. Birth date of		6.(c) It alive, give age	years	and that I last saw halive on		19
deceased (mo., day,)	yr.) Nowen	ber 19	9, 1886		Immediate cause of death		
8. AGE: Years	s Months	Days	If less than one d	lay	Immediate cause of death.		
60	5	10	hrs.	— <u>— </u>	Acute coronary o		
9. Birthplace	Carpent	er	ntatej		V Seedo		
12. Name J.O. 13. Birthplace	hn A. Go				Other conditions	***************************************	
	Wardens				(Include pregnancy withi	- 0Ab- of J-sAb	
HE 14. Malden name.	Mary B	auser	man				
E IV. IIIaldell IIIalle	Ceder				Major findings of operations N.O		
16. Informant	rs. Harr	y Gor	don		Actorsy resolts)	
Address	Hagessto	wn Md			PHYSICIAN: Please underline the cause to		ed statistically.
Buria (Burial, cremation	1 n, or removal, Which	Date ther	eot 4/27		22. VIOLENCE: It death was due to externa Accident, suicide, or homicide	No Date of	
	ory Mt. He				Where did injury occur?(City or tow		
LocationW	incheste	r Va.			Injured at home farm, Industry, public place		********************
1B. Funeral director	Andrew	K. Co:	ffran		Means of injury	Injured at work?	DICAL EXAM.
Address Ha	gerstown	Md			A. Returt 4	A 11	CO., MD.
19. (Date rec'd by re	26. 1947	for	artt Bo	Registrar	Address Hagerstown	М. І	D. or other



MARYLAND STATE DEPARTMENT OF HEALTH (60-6)

CERTIFICATE OF STILLBIRTH

Reg. Dist. No...

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub) Reg. Dist. No. 302

The territories and the second	ground of more (see Bour)
1. PLACE OF BIRTH:	2. USUAL RESIDENCE OF MOTHER:
County Washington	State Maryland,
City or town Heggs slaver	County washington
(If outside city or town hinits, write RURAL and give nearest town)	City or town Chew Shill
Street address, hospital, or institution:	(If outside city or town limits, write RURAL and give nearest town)
Washington aunty Hospital	Street No
Length of mother's stay in County	Street No
3. Name of childbaly Humburg	4. Date of birth april 24 1947 Hour 8.30 Am.
5. Sexuale . 6. Twin or triplet	7. No. of weeks negnancy 2.4
FATHER OF CHILD	MOTHER OF CHILD
8. Full name Norwald Edward Hambyry	12. Full maiden name Italia Jeur douguelle
9. Coloradude 10. Age at time of this birth. 9. yrs.	13. Color White 14. Age at time of this birth 2 9 yrs.
11. Usual occupation Samuelis aucreff	15. Usual occupation
16. Other children born to mother (not including present child)	(a) How many children of this mother are now living?
	d? O (c) How many other children were born dead? O
17. Did child die before labor? No During labor? No	21. Cause of stillbirth. Please be specific. For terms like
18. Pregnancy, complications of	prematurity, asphyxia, etc., try to add cause thereof.
MEMBRANE PURTURE at 20 w/G.	(a) Fetal causes
19. Labor: (a) Complications of	(b) Maternal causes
(b) Induced? O	00 I
20. (a) Was there an operation for delivery? YES. Yes or No)	22. I certify to the birth of this child who was born dead* on the date and hour above stated.
(b) State all operations, if any CAESAREAN SECTION	Boseli la ment
(c) Did child die before operation?	Signature (Specify if M. D., midwife, or other)
During operation?	Address / 48 Wwal. St. fogesten w
	1 10 10 10 10 10 10 10 10 10 10 10 10 10
(Burial, cremation or removal) (month) (day) (year)	(Date rec'd by registrar) (Registrar)
(c) Cemetery or erematory much have	26. (To be filled out if no physician was present at delivery.)
24. (a) Funeral director of M. Setter & Some (b) Address Lagristian	The above certificate has been examined by me.
	Health Officer, per

child Lined

a detailed Surmany of This case can be formaled if desired. The walker's weenhanes definitely implimed at to with gestaling priod. She was 1 Cept at home at absolute Not in bed, but no in dicalum or sured at sportanem abortion. She was removed to hospital and and induction was tred several times with he remets. The cervix was ited + had diealed & fatel lead south were weel beaut soen j'ost 15 min, peviors to section. Pt. was given Jewichlin withour wearly during her hospital stay previous theeting. Elective Section was selected as best for with because y utime in entire with suptimed membranes, & kience I fornite infection or curring for below if tees larger.

If the toly cried shortly after buth no long attention at resuscitation were under, but was given oxygen oft under unundste Cott of Jaditician Balany us Qpr. 25147.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			3		
leg.	Dist.	No.	0	0	Ĺ.,

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Washington City or town Williamsport Md. (If outside city or town limits, write RURAL and give nearest town)		State Maryland County Washington City or town (If ontside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Hospitat, institution, or street address whe		Sireel No. 112 S. Conocheague (If rural, give LOCATION)	
How long in hospital or institution?		2.(a) It veteran, name war	
3. (a) FULL NAME		3.(b) Social Security Number	
4. Sex S. Colurer race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White	Widow	20. DATE OF DEATH. 0 15 19.49 at /7 - 0	
7. Birth date of	hn Harsh	and that I last saw h	
8. AGE: Years Months	Daye If less than one day 26 min.	Impediate case of death Duration	
R Richniges Williamspo		Due to Celelecció Sclessons \ 4 years	
10. Usual occupation	1fe home	Due to	
12. Name. Harry Newcomer 13. Birthplace Fairplay Md.		Other conditions of Julia Control of Ju	
	Ardinger lamsport Md	(Incinde pregnancy within 3 months of death) Major findings of operations.	
		- Date of op.	
16. informaniRachelGay Address Williams	ort Md	Autopsy results	
17Burial (Burial, cremation, or removal, Which	Annil 18 194	Accident, suicide, or homicide	
	lawn_Cem	Where did injury occur?	
Location Williamspo		tipured at home, farm, industry, public place (where?)	
18. Funeral director	v. Leaf	Meene of injury Injured at work?	
Addrese Williamspo	ort Md Omesol	23. SIGNATURE	
64pril 18 49	Creff Chay	Address 20020 Descriptions and Data storand 4/19/4	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M

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orrect age



The correct age

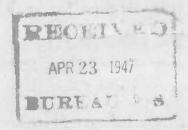
PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
County Washing Ton	State Maryland Coun	
(If outside city or town fimits, write RURAL and give nearest town)	116-11-1	
How long in above place of death? 50 y. T.S.	City or town. Hancock (If outside city or town limits,	write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. East Main	Street
	(lf rural, give L	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
George Carl Huber 4. Sex 5. Cobror race 6.(a) Single, married, widowed, or divorced		
4. Sex 5. Copy or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Male White Married		
1 . 1	2D. DATE OF DEATH	
6.(b) Name of husband or wife Cora Sm. The Huber	21. I CERTIFY that death occurred on the date above	
7. Birth date of	4-18- 194	
deceased (mo., day, yr.) Dec. 4 1871	and that I last saw hLoronzalive on	0
8. AGE: Years Months Days It less than one day	Immediais cause of death.	
75 4 15	Cherral film	
	R. Time of	
9. Birthplace Chambers burg Franklin Co. Penns	Due to MANUE RALLE	Manager Manage
10. Usual occupation Printer		***************************************
11. Industry or business Publisher	Bue to	
12. Name Theodore Huber 13. Birthplace Penna.	Dther conditions	
# 14. Maiden name Cattlerine Garner	(Include pregnancy within 3 mo	ontha of death)
14. Maiden name Cattlerine Garner 15. Birthplace Penna.	Major findings of operations	
15. Birthplace Pen Na.		
16. Informant Mrs. Cora S. Huber	Autopsy results	
Address E. Main St. Hancock Md.	PHYSICIAN: Please underline the cause to which	
	22. VIOLENCE: If death was due to external cause	es, fill in the following:
(Burial, cremation, or removal, Which?) Date Ihereof, Apr. 21 1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	Date of
Cemetery or cremetery St. Thomas Episcopal	Where did injury occur?(City or town)	(County) (Chata)
Location Hancock Md.	Injured at home, tarm, industry, public place (whe	
	Means of Injury	Injured at work?
18. Funeral director Charles R. Bast	nounce of inputy	. 0
Address Hancock Md	Hondy f.	R. Johnson
4-21-47 (16.7/50111)	23. SIGNATURE	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Hansock	MJ Pate signed 4-19-47



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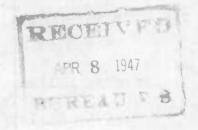
correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9.8) CERTIFICATE OF DEATH

01411

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington	
County Washington		
City or town		
How long in above place of death? 1day	City or town Clear Spring, Ed. (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
Nursing Home 241 S. Prospect St.	(If rural, give LOCATION)	
How long In hospital or Institution? 1 day	2.(a) It veteran, name war	
3. (a) FULL NAME MARY E. KERSHNER	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widow	20. DAYE OF DEATH April 2, 1947 19 31 M	
8.(b) Name of husband or wife Cyrus E. Kershner 5.(c) It alive, give age years 7. Birth date of Jan 14 1870	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19. 4. 7. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
7. Birth date of deceased (mo., day, yr.) Jan. 14, 1870		
8. AGE: Years Months Days tt less than one day 77	Immediate cause of dath Endo Condilis 3 work	
9. Birthplace Clear Spring- Wash. Md. (Town, county, and state) Home Duties	Carlero Sclerosio 5 yrs	
	Due to	
11. Industry or business 12. Name Alexander Mullen Alexander Mu		
	Diher conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Mary E. Staley 15. Rightelese Wash. Co., Md.	Major findings ol operations.	
Tio. Britishade	Date of op.	
t6. Informant George A. Mullen	Antopey results.	
Address Clear Spring, Md.	PHYSICIAN: Please underline the cause to which death should be ebarged statistically.	
Burial (Burial, eremation, or removal, Which?) Burial (Burial, eremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory. St. Paul's Cemetery	Where did injury occur?	
Location Clear Spring Route 40 E	Injured at home, tarm, industry, public place (where?)	
18. Funeral director Snyder-Rowland Funeral Home	Mesas of injury Injured at work?	
Address Clear Spring	a course David P. Drewer M. X	
19. a/2v. 5 1947 b/asth Rowers, (Date rec'd by registrar) Registrar	23. SIGNATURE. Lear Storing Months igned 7/4/4	



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•		
A15		
\ S2		

MARYLAND STATE DEPARTMENT OF HEALTH X

2411 N. Charles St., Baltimore 45.0

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County // SHINGTON	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or fown	State FAMSYLVFINIF County FIRF IN LELIN	
How long in above place of death?	City or town (If ontside city or town limits, write RURAL and give nearest town) Street No.	
GATE WAY NURSING HOME	(If rural, give LOCATION)	
How tong in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME AMOS BENNAMIN	LEHMAN 3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
MALE WHITE WIDOWED	2D. DATE OF DEATH Upril 21 19 4 7at 4:00 PM	
8.(b) Name of husband or wife MARY CLEHMAN	21. I CERTIFY that Beath occurred on the date above stated; that I attended deceased from	
	and that I last saw h. Wellive on Opul 12 1977.	
7. Birth date of deceased (mo., day, yr.) SEPT. 9, 1859	Immediate Baose of death	
8. AGE: Years Months Days If less than one day	Carcirona L	
87 7 12hrsmin.	lip (lower)	
9. Birthplace THY (Town, county, and state)	Due to	
1B. Usual occupation RETIRED FARMER	Due 10	
11. Industry or business		
12. Name SAMUEL B. LEHMAN	Other conditions	
13. Birthplace FRAINKLIN CO. TA.	(Include pregnancy within 8 months of death)	
14. Maiden name NOT TWOWN	Major fiodings of operations	
15. Birthplace AFRANKLIN Co, TA	Bate of op.	
17 h d ok 12	Aotopsy results	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Chumbersburg V.a.	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, eremation, of removal. Which?) Bate thereof # 7 7 7 2 4 9 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Accident, sutcide, or homicide	
Cemetery or crematory OYANENTER CENT	Where did injury occur?	
Location TETY FT TEV LA E.	tnjured at home, farm, Industry, public place (where?)	
18. Funeral director Robert Sellers	Means of Injury Injured at work?	
Address Tambershing 1 a	animor Andrey howerster mor-	
x1.022 47 P 8 7.120	23. SIGNATURE	
19 (Unte ree'd by registrar) Registrar	Address . Turbo Hour Ind Date signed 4/2 1/4)	

BECEIVEO

MAY 6 1947

BUREAL

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

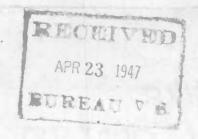
2411 N. Charles St., Baltimore 700

CERTIFICATE OF DEATH

Reg. Dist. No. .. 302.

Dr. Wells

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Washington City or fown Hagers town limits, write RURAL and give nearest town)	(For newborn infants give residence of mother) State
	City or town
How long in above place of death?	(If outside eity or town limits, write RURAL and give nearcat town)
Washington County Hospital	Street No. Route # (Ifrural, give LOCATION)
	2.(a) If veteran, name war None
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
JAMES WILLIAM LEROY LONG	219-05-2608
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH) April 19, 19.47, 21
6.(6) Name of husband or wife	11 11 11 11 11 11 11 11 11 11 11 11 11
deceased (mo., day, yr.) October 30,1916	
8. AGE: Years Months Days If less than one day	Immedia course of death DURATION
36 5 19hrsmin	
9. Birthplace Clear Spring, Washington Co. M	d Due to.
1D. Usual occupation Laborer	
	Due to
11. Industry or business Coppers Co. Wood Preservin	g Co.
John Long	Dither conditions
E 13. Birthplace Big Spring Md.	
# 14. Maiden name Lucy May Hart	(Include pregnancy within 3 months of death)
	Major findings of operations.
15. Birthplace Green Spring Md.	
16. Informant Gladys Long	Actopsy results
Address Clearspring Md.	PHYSICIAN: Please onderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external rauses, fill in the following:
17. Burial Burial Date thereof 4/22/47 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Green Spring Cemetery	Where did injury occur?
Location Green Spring Md.	Injured at home, fare, industry, public place (where?)
18. Funeral directorAndrewKCoffman	Means of injury Hulland Mark? Injured at work?
Address Hagerstown Md,	as assured of the search y's
19. afer 21 1947 - Chast Bowers (Date ree'd by registrar) Registrar	23. SIGNATURE. M. D. or other Address. Address. Date signed



BINDING

RESERVED FOR

RITE PLEASE MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

CERTIFICATE OF DEATH

1. PLACE OF DEA County Wash City or town Ha	gerstown	imita, write R	URAL and give neare	st town)	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of State. Maryland		
How long in above place o Hospital, institution, or s	f death?	death provided	•				
	st Side			V-14-1	Street No. 310 West Si	LOCATION)	
How long in hospital or i					2.(a) It veteran, name war None		
3. (a) FULL NAME	1131(1011211					3. (b) Social Security	Number
3. (a) FULL NAME	MRS.	BESSI	E GEEDY 1	MARQUAR	RT	None	(Amost
4. Se1	5. Color or race	6.(a)Single	e, married, widowed, or d	ivorced	MEDICAL C	ERTIFICATION	
Female	White,	Ma	rried		20. DATE OF DEATH April 28	10 47	»1:45 m
6.(b) Name of husband o	wife Geo:	rge H.			21. I CERTIFY At death occurred on the date about 17	ove etated; that I attended dece	eed from
7. Birth date of deceased (mo., day, yr.	Sept	. 18,	1885			/	OURATION
8. AGE: Years	Months	Days	If less than one day		Immediate vause of death helshut	-	1 4%.
61	7	10	hrs	min.	Thypytensin	•••••••	1 400-
9. BirthplaceNew	Ville, (Town House V	Wife	land Co.	Mct.P4	Oue to		
11. Industry or business					1 1 - 101		Q 4.0.
12. Name George H. Geedy 13. Birthplace Newville Md. Pa		Other conditions	www.	1 7			
					(Include pregnancy within 3	months of death)	mo.
	Matild: Newvi		e. Pa	************	Major findings of operations		•••••••••••••••••••••••••••••••••••••••
16. Informant Ge						oate ot op	
16. Informant Ge	177		(a.r.)		PHYSICIAN: Please underline the cause to w		statistically.
17. Buria			5/3/47 (month) (da	y) (year)	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date ot	
Cemetery or cremator	Rest	Haven	Cemetery		Where did injury occur?(City or town)	(County)	(State)
					Injured at home, tarm, Industry, public place (v		********
18. Funeral director	Andrew	K. Cof	îman	***************************************	Meene of Injury	Injured at work?	
Address Hag	erstown	Md.	0 111	2	23. SIGNATURE Pulling	Melunan	hud,
19. (Day rec'd by reg	50 19 4	1 4	rapithe	OWONG Registrar	Address 159W. Working The	M. D. Oate signed,	4/28/47

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MAY 2 1947

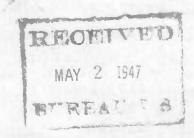
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Washington	Maryland Washington	
City or town	State Maryland County Washington City or town (If outside city or town limits, write RURAL and give nearest town)	
Now tong in above place of death?	Cearfogs	
Cearfoss	Street No. Cearfoss (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3.(a) FULL NAME Mary Alice Martin	3. (b) Social Security Number None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Single	20. Date Of DEATH April 28, 1947 &: 15 A. M	
6.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 10. 4 19. and that I last saw how alive on 4 26 4 7 19. Immediate cause of death. DURATION	
8. AGE: Years Months Days It less than one day	Ammediate Came at Gentle	
83 4 3hrsmln.	Vendets = general 1000	
9. Birthplace Washington Co. Md. (Town, county, and atate) 10. Usual occupation Home Duties	Due to.	
11. Industry or business		
T 12. Name	Other conditions	
	(Include pregnancy within 3 months of death)	
별 14. Malden name Mary A. Bell		
15. Birthplace Maryland	Major findings of operations	
16. Intermant Cyrus D. Bell	Antopsy results	
Address Williamsport, Maryland.	PHYStCIAN: Please underline the cause to which death should be charged statistically.	
Burial (Burial, cremation, or removal, Which?) Burial, cremation, or removal, Which?)	22. VIOLENCE: tt death was due to external causes, fill in the tollowing: Accident, suicide, or homicide	
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?	
Location Hagerstown, Maryland	Injured at home, farm, industry, public place (where?)	
18. Funeral director Fred W. Kraiss	Means of Injury Injured at work?	
Address Hagerstown, Maryland.	591/11/25	
19. Afer. 30. 1847 Chast Bowers Registrar	23. SIGNATURE M. D. or other Address Date signed M. D. or other	



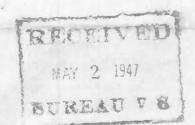
PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (A)

01416

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Utashington	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Many land County Washington City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospitat, Institution, or street address where death occurred:	Street No. Boardona Md. R. 2
Boonshuo md. R.2.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
6 11	4
4. Sex 5. Color or race 6.(a) Single, married, (n) owed, or divorced	arts. None.
3. 50001 01 1acc	MEDICAL CERTIFICATION
Denne Widowed	20. DATE OF DEATH
8.(b) Name of husband or wife Ulliam Marty.	21. I CERTIFY that death occurred on the date above stated; that I allended decessed from
The state of the s	Saplace lear 23-19 46 10 april 28" 1947
T. Birth date of	and that I last saw h allve on
deceased (mo., day, yr.) } 11112 - 25 - 1866	Immediais cause of depth
8. AGE: Years months Days If tess than one day	Chamin rephortis 7 hours ody
80 10 3hrsmin.	
8. Sirthplace Md. Seasa Wash. Co. md. (Town, county, and state)	Due Io
10. Usuat occupation. Housekeepen	Due to
11. Industry or business Own Home.	
# 12. Name James Daulders	Other conditions.
12. Name Journes Daulders 13. Birthplace Urash, Co. Md.	(Include pregnancy within 8 months of death)
별 14. Malden name amelia Sryder	
14. Malden name	Major findings of operations
16. informant Roy C. marty	Antopsy resnits.
Address Browslope Md. R.2.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide
3 - 1 - 1 - 7	Where did injury occur?
Cemetery or crematory 3 alwaning Consulary	Where did injury occur? (City or town) (County) (State)
Location hear maplefull ma.	injured at home, farm, industry, public place (where?)
18. Funeral director Livy 13 - Bast & Sons	Means of injury tnjured at work?
Address Burnstrus md.	and the last to be my
19 april 30. 19 47 Jel & Bask	23. SIGNATURE M. D. or other
(Late rec'd by registrar) Registrar	Address / Danieless had Bate signed 4/29/47.



UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly.

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WRITE PLAINLY, is especially

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14)

01417

CERTIFICATE OF DEATH

	a Maria Desirence (LLOBAT) OF DECEASED
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
County Washington	state Maryland county Washington
City or town	
City or town. Maugansville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 25 Years	City or town Maugansville (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Main St.
main bt.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
MRS. ORA MAY BINKLEY McCOY	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE DF DEATH. April 23 1947 19 about 8A
6.(b) Name of husband or wife Stanley	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
E0	19 10
7. Birth dats of	and that I last saw halive on
deceased (mo., dsy, yr.) December 20 1889	Immediate cause ul death
8. AGE: Years Months Days If less than one day	
57 4 3hrsmln.	suffocation drowning
9. Birthplace Leitersburg Wash. Co. Md. (Town, county, and state)	Due to
10. Usual occupation Housewife	
11. tndustry or business Own Home	Dus to
	Other conditions
E 12. Name Daniel Binkley 13. Birthplace Leitersburg Md	
	(Include pregnancy within 3 months of death)
Eva Elizabeth Downin	Major findings of operations.
Eva Elizabeth Downin Hagerstown Md.	Date of op.
16. Informant Stanley McCoy	Autopsy results
Address Maugansville Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burlal Date thereof 4/20/4((Burlal, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide. Suicide Date 4/23/47
Cemetery or crematory Rest Haven Cemetery	Where did Injury occ. Maugans ville, Wash. Md. (City or town) (County) (State)
Hagaratown Md	Injured at home farm industry public place (where?)
LUGATION	Mssns of Imprown self in bath, njurtub ork?
18. Funeral director. Andrew K. Coffman	DEPUTY MEDICAL EXAM.
Address Hagerstown Md.	23. SIGNAVIRE A Sheet WELLO WASH. CO., MD.
apr. 25. 47 Chastitizerord	M. D. on
19. Abr. Z. 1947 Bhash Joward, (Dufe rec'd by registrar) Registrar	Address Magentlewa med Dale signet 124/1917



The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-7

01418

	CERTIFICA	TE OF DEATH	Reg. Dist. No	20.2
I. PLACE OF DEATH: County WASHINGTON CO. City or town HAGERSTOWN MD. (If outside city or town limits, write RU Street address, hospital, or institution: WASHINGTON COUNTY Stay in hospital or inst. (yrs., or mos., or days) 21. Stay in this community (yrs., or mos., or days)	HOSPITAL days	2. USUAL RESIDENCE (HOME) OF I (For newborn infants give residence of State (If outside city or town limits, which is street No. (If rural give 2(a) IF VETERAN, NAME WAR.	mother) OUN THE RURAL NEAR and give ON A. THE NEAR	ard Notown)
3. (a) FULL NAME CHARLOTTE ELIZABETH	H MILLER		3. (b) Social Security	Number
F NEGRO Wi 6 (b) Name of husband or wife ZeLLSWe	e. married, widowed, or divorced OOWED. RTH MILLER			ased from
7. Birth date of	ve, give ageyears	and that I last saw h = Ralive on		
deceased (mo., day, yr.) 8. AGE: Years Months Days 4.6 8 10	If less than one day	Immediate cause of death CARCINOMAPOSIS		G M O
9. Birthplace (Town, county, and a 10. Usual occupation (Town, county, and a 11. Industry or business	state) O		LUIC	3
12. Name Kobert 2 13. Birthplace Mercers 14. Maiden name Mary E. 15. Birthplace Merkers	burg, la. Watson	Other conditions (CORPUS A) UREMIA (Include pregnancy within 3	ND CERVIX)	3 DAYS PHYSICIAN
16. Informant Robert 1 Address Mercessure	Buk.	Of autopsy		Please underline the cause to which death should be charged statisti- cally.
17. Burial, cremation, or removal, Which?)	eof (proph) (day) (year)	22. VIOLENCE: If death was due to external ca	Dato of	
Location Mercusture	la:	(City or town) Injured at home, farm, industry, public place Means of injury		(State)
18. Funeral director Address Mercurs vurg	Re. 160	23. SIGNATURE OLV-D. Sa	ymn, h.A.	



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correct age

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

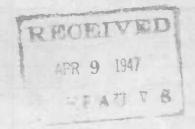
2411 N. Charles St., Baltimore 13-4)

CERTIFICATE OF DEATH

(11411)
Reg. Dist. No. 30 2

1. PLACE OF DEATH: County Washington		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town			State Maryland County Washington		
			City or town Rural Clear		
How long in above plan	ce of death?	Year	(If ontside city or town limits,		
Hospital, Institution,	or street address where	unty ospital	Street No. Wilson Dist		
			(If rnrai, give I		
How long in hospital	or Institution?	2 days	2.(a) If veteran, name war		
3. (a) FULL NAM	ME	George R. Morgret		3. (b) Social Security None	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	Married		19.47	, 16:00P. M
		dys V. Morgret		16, to APRIL	
7. Birth date of deceased (mo., day	w) Annil	23, 1889	and that t tast saw h. 7777 ative on		19
8. AGE: Yea		Days If less than one day	Immediate cause of death	7	DURATION
57	11	12min.	myalo FIBratic &	-//04////00	6m05
9. Birthplace	lashingtor	County, Maryland	Due to Myela fibratic anaem	iol	***************************************
10. Usual occupation	1		and Unimary bladder hemound	rage due to the	*
11. Industry or busine	ess <u>Kar</u>	chant	anaemia. not due to fam	cerla	
E 12. Name Silas Morgret			Other conditions DRINDRY BLA	POER	
13. Birthplace Penna.			hemosanhase (Include pregnancy within 3 m		iday
14. Maiden nam 15. Birthplace		Mc Kee	(Include pregnancy within 3 m Major findings of operations.	hagy Ulicia	ulif
LOW 15 Rirthniace	Penr	18 -	bladden	and at an Of	21/3.1947
16 Informant		s Morgret	Antopsy results Durannia - F	brow mor	NO (BONE)
		Maryland, Rural	PHYSICIAN: Please underline the cause to whi	ch death should be charged	statistically.
	rial		22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide		
Cemetery or crematory. Cedar Grove Cemetery			Where did injury occur?(City or town)		(State)
Location Dot, Pennsylvania.			tnjured at home, farm, industry, public place (who		*****
		Rowland	Means of Injury	Injured at work?	
		g, Maryland.	Culi Ro	Beex Clen	
19. April	.7. 1847	Charles Hower	23. SIGHATURE.	M. D. Date signed.	4-6-47

4,37



MARYLAND STATE DEPARTMENT OF HEALTH.

2411 N. Charles St., Baltimore Way

CERTIFICATE OF DEATH

eg. Diat. No. 301

	Alog. Plate 170
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Stackington	State Marukand County Charlington
City or town	
How long in above place of death? 34 Means.	(If outside eity of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	street No. Haqueloum md. R. 2.
Jagerstown Md. R. 2	(If rural, give LOCATION)
now long in nospital of institutions.	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
mary Elizabeth of	losh None
4. Sex 5. Color of race 6 (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Demale White Widowed	20. DATE OF DEATH APRIL - 27 - 19/47, at 2.40.A-
6.(6) Name of husband or wife Samuel 6. Moses	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	7 7 19 19 10 7 7 7 19
7. Birth date of deceased (mo., day, yr.) March 19, 1867	and that last saw h 2 live on 19
8. AGE: Years Months Days It less than one day	Immedia rause of death July Wassery Duration
80 1 8hrsmin.	The both the
0 1 1 0 0 1	0.44
9. Birthplace Medan Dobus Library, and atate)	Que 1a.
10. Usual occupation.	Oue to?
11. Industry or business Dun Home.	oue 10
	Other conditions.
12. Name Simon P. Summers. 13. Birthplace Near Myersville Fred. Co. md.	
	(Include pregnancy within 8 months of death)
20 20 20 20 20 20 20 20 20 20 20 20 20 2	Major findings of operations
	Oale of op.
16. Informant Divius 6. Moseles	Autopsy results
Address Haguston md. R.2	
17 Burial Date thereof Opin - 29-1947	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident suicide or homicide
(Burial, cremation, or removal. Which?)	Medianil animal at hamalania
Cometery or crematory Soonalrus Comutay	Where did injury occur?
Location la constron md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director CDW J. Bast and Sons	Means of Injury Injured at work?
Address Bornstoro md.	23 SIGNATURE DE - F- G/ Deurgy
129 147 E Po MElron	23 SIGNATURE. M. D. or other
(Date rec'd by registrar)	Meddess I () Dete signey /2 f

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legible

PLEASE WRITE PLAINLY, WITH UNF is especially important.

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MARGIN RESERVED FOR BINDING



INFADING INK. Supply every item of information carefully. The cit. Physicians: please write the causes of death clearly and legibly.

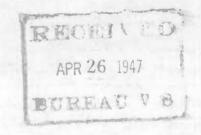
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19. (Dyte rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Porterfield

				TE OF DEATH		Reg. Diat. No	302	
City or town	ng ton ers town side city or town li death? breet address where rginia	mits, write R CORS death occurred	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realidence of mother) State. Maryland countyWashington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)				
3. (a) FULL NAME				3. (b) Social Security Number				
JESSE	THEADORE							
4. Sex Male	5. Color or race White		ried, widowed, or divorced	MEDIC		RTIFICATION	a1 P	
7. Birth date of deceased (mo., dey, yr. 8. AGE: Teare	3T 3) 11 alive, give age	Immediate cause of death	2 10 4 ap	to afril 2	2 19 4	
10. Usual occupation 11. Industry or busineee 12. Name	Mechani Wester lliam Ma	n Mar irtin	yland Railway	Other conditions (Include pregnancy	within 3 mo	onths of death)		
🗵 15. Birthplace	Clears	ring	Md.					
14. Maiden name Martha Mouse 15. Birthplace Clearspring Md. 16. Informant Mrs. Olive Mouse Address Hagerstown Md. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery				Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide				
					piace (whe	Injured at work?		
18. Funeral director Andrew K. Coffman Address Hagerstown Md.				23. SIGNATURE HOU	rte	Lield m	u,D,	
19. apr. 7	4. 19.47	6	East Bowers	23. SIGNATURE	shi	instan M. D.	or other	

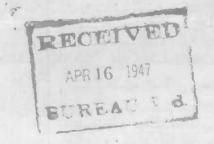


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20

CERTIFICATE OF DEATH

1. PLACE OF DEATH Washington County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State County Washington City or town Rural Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. Leitersburg Pike (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION April 11, 1947 11:00 A.			
6.(b) Name of husband or wife. Ruth V. Mundey 6.(c) If allive, give age. years 7. Birth date of deceased (mo., dey, yr.) Feb. 3, 1887	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.7. to 19.4.7. and that I last saw h. A.M. alive on			
8. AGE: Years Months Days If less than one day 60 2 8hrs. min.	Immediain cause of death Cardiac dilitation 4/11/47 myscarditis clas			
9. Birthplace Washington County, Md. 10. Usual occupation Minister 11. Industry or business 12. Name Charles Mundey 13. Birthplace Wash. Co., Md.	Due to			
14. Maiden nameAmanda Johnson	(Include pregnancy within 3 months of death) Major findings of operations			
16. Informant Mrs. Ruth V. Mundey Address Hagerstown, Md. R D 5	Antopsy results			
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Rose Hill Cemetery.	Recident, suicide, or homicide			
Location Hagerstown, Md. 18. Funeral director Fred W. Kraiss Address Hagerstown, Md.	Injured at home, farm, Industry, public place (where?) Meens of Injury 1 Injured at work? 23. SIGNATURE			
19 19 19 19 19 19 19 19 19 19 19 19 19 1	Address 136 W Washington Date signed 4/12/47			



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

01423

CERTIFICATE OF DEATH

1. PLACE OF D	Washingt	on		2. USUAL RESIDENCE (H			rton		
City or town	City or town			State Maryland County Washington City or town Rural Big Springs, Md. (If outside city or town limits, write RURAL and give nearest town)					
(E)	outside city or town i	davs	,,,,,	City or town Rural	Dig Sp	rings, Ma	nearest fown)		
	or street address where					rings			
			ospital		If rural, give I				
	or institution?			2.(a) If veteran, name war					
				2.(0) It retetan, name was					
3. (a) FULL NAI	3. (a) FULL NAME Bessie B. Murray				3. (b) Social Security Number None				
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MED	ICAL CE	RTIFICATION			
Female	White		Widowed	20, DATE OF DEATH Apr	il	9, 1947,	1;55 A.		
7 Bish data at	nd or wite	6.(c) II alive, give ageyears	21. I CERTIFY that death occurred of the state of death and state of death	on 9/3	47 10 ADRI	~ 9 19 47 19 47		
	ars Months	Days	tt less than one day	Co 2000 Apy	30.0405	im acute	3/25-		
74	0	6	hrs min.	Pylminay					
W	Sehingtor	Cours				d			
			ty, Maryland.		Bronch				
18 Houst necunation	1D. Usual occupation Home Duties			100001710000000000000000000000000000000			3		
11. Industry or busin						***************************************	*****		
II E	Bowers		•••••	Other conditions			••••		
			(Include pregna	man mithin 9 m	onthe of donth)				
14 Maiden nam	Boy	ers		Major findings of operations					
6	14. Maiden name Boyers 15. Birthplace Maryland			Major findings of operations					

16. InformantJ	esse J. N	lurray		Autopsy results	24	1 3 -1 1 -1 1 -1 -1	- 3 - s - stast - s Dia		
Address	Big Sprin	gs. Ma	rvland	PHYSICIAN: Please underline th	ae cause to whi	ch death should be char	ed statisticaby.		
Bur Bur	ial	. Date there	ot April 12, 19	22 VIOLENCE: tt death was due Accident, suicide, or homicide	to external caus	es, till in the tollowing:	************************************		
Cemetery or crematory Shanktown Cemetery			Where did Injury occur?						
			Marylahd.	Injured at home, tarm, industry, po					
			ind	Means of Injury		Injured at work?			
	ear Sprin			. Ceck	· (D	for o			
01		1 //	to alles wars	23. SIGNATURE LEEK	e y	M.	D, of the control of		
19. (Date rec'd by	/2, 19 4 / registrar)	4	Registrar	Address Clear Spr	585	d. Date sign	0 4/10/47		

APR 15 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-al

CERTIFICATE OF DEATH

CERTIFICAT	TE OF DEATH Reg. Diat. No. 302
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	Myers 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married.	MEDICAL CERTIFICATION 20. DATE OF DEATH Office 19 47 21 7 7 18 47 21 7 7 18 18 18 18 18 18 18 18 18 18 18 18 18
6.(b) Name of hueband or wife Address 6.(c) If alive, give age 4.7. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeare Months Daye If less than one day hre. min. 9. Birthplace Manual County, and state) 10. Usual occupation 11. tendustry or bueineee 11. tendustry or bueineee 12. Name 12. Name 13. Birthplace Maskengton 6. Md. 14. Maiden name Address 6. gament Md.	21. I CERTIFY that death occurred on the date above etated; that i attended deceaeed from 21. 25 to 72 - 19. 47. and that I last saw h. W. alive on 7. 5 - 18. 47. Immediate cause of death DURATION Cerebral Cerebral Cerebral Justical. Due to Chromes arterio - Due to Declembra Desperation 15 - 910. (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Address 17. Burial, cremation, or removal. Which?) Cemetery or crematory State that the state of the stat	Autopsy results. PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to esternal causes, fill in the following: Accident, eutcide, or homicide. Where did injury occur? (City or town) trijured at home, farm, industry, public place (where?) Meane of injury 10. Osewhere
19. (Date ree'd by registrar) 19 6 Malfit Toellow	Address Waynesboro Pa Date signification

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Date rec'd by registrar)

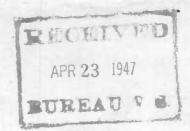
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 467

01425

Reg. Dist. No. 302 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Washington State Maryland county Washington City or town Hagerstown How long in above place of death?..... (If outside city or town limits, write RURAL and give nearest town Street No. 50 Kest Church Street Hospital, Institution, or street address where death occurred: Washington County Hospital (If rural, give LOCATION) World War 1] 2 weeks How long in hospital or institution?.. 3. (a) FULL NAME 3. (b) Social Security Number 217-10-3228 James F. Newcomer 4. Sex MEDICAL CERTIFICATION Male Single White 2D. DATE DF DEATH 21. I CERTIFF that death accurred on the date above stated; that Laylended deceased from May 13. 1904 deceased (mo., day, yr.) 8. AGE: Years Months If less than one day 5 42 1.1 9. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state) Cabinet Maker 11. Industry or business M. P. Moller & Co. 12. Name Harry Newcomer 13. Birthplace Hagerstown. Maryland (Include pregnancy within 3 months of death) 14. Malden name Bessie Born 15. Birthplace Hagerstown, Maryland 14. Malden name Bessie Born Major findings of operations..... 16 Interment Mrs. Bessie Newcomer PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Hagerstown, Maryland 22. VIOLENCE: If death was due to external causes, filt in the following: Date thereof. 4-21-47 u. Burial (Burial, cremation, or removal, Which?) Accident, suicide, or homicide,..... (month) (day) (year) Where did injury occur?(City or town) Cemetery or crematory Rose Hill Cemetery Hagerstown, Maryland Injured at home, farm, Industry, public place (where?) C. M. Suter & Sons Injured at work? Means of Injury 1B. Funeral director...... Hagerstown, Maryland Address



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The confect age is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93.2)

CERTIFICATE OF DEATH

(1142) Reg. Dist. No. 35 2

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME	1	Elizabeth S. Parks		3. (b) Social Security Number None	
4. Sex Female			MEDICAL CH 2D. DATE DF DEATH. Apr. 13-4	ertification 7 Midnight	
	75 (eph A. Parks 6.(c) If alivo, give age years 22, 1869	21. I CERTIFY that death occurred on the date about 19	ys stated; that I attended deceased from 45, to 4, 1, 3, 19, 4, 7, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	
8. AGE: Years Months Days It loss than one day 77 10 22			Immediair cause of death death Cardiac dil	Clas 4/13/47	
1D. Usual occupation 11. Industry or business	Home	n County, Md. county, and state) Duties nler ., Md.	Due to Due to Dther conditions		
15. Birthplaco	Carrier of the Control of the Contro	*************************************	(Include pregnancy within 3 r Major findings of operations. Actors results. PHYSICIAN: Please underline the cause to wi	Date of op	
17Buris (Burial, cremation,	or removal. Which	e Hill Cemetery	22. VIOLENCE: It doa'th was due to external cau Cocident, suicide, or homicide	Date ot	
1B. Funeral director	Fred	town, Md. W. Kraiss stown, Md. 7 Blass Bowers	Msans of Injury 23. SIGNATURE A Sorte	field M.D. or other unglon Date signed 4/14/47	



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 243 CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
County Washington City or town. (If outside city or town fimits, write RURAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Williamsport City or town (if outside city or town limits, write RURAL and give nearest town) Street No. #17 W.Potomac St (If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME Annie V. Neikirk Reichter	3. (b) Social Security Number
	THE PARTY OF PRINCIPAL ON
4. Sex 5. Color or race B.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. 20. 1.9 19.4.7 at 5.89
	20. SAIL OF SERVICE
8.(b) Name of husband or wife Edward Reichter 6.(c) It allve, give age 81 years 7. Birth date of Deco 24.1973	21_I CERTIFY that death accurred on the data above stated; that I strended deceased from 19.47 1, to
deceased (mo., day, yr.) Dec 141873	Immediate cause of death
8. AGE: Years Months Days If less than one day 74 4 5	defeatie Court one's 4 Mas
mynetts Md	
	Due to Mat Knowsen,
9. Birihplace (Town, county, and state)	
10. Usual occupation housewife	
10. Usual occupation	Due to
tt. industry or business home	
10 4 0 0 0 0 1 10 0 10 10 10 10	
일 t2. Name	Ciher conditions
t2. Name	
	(Include pregnancy within 3 months of death)
	Major findings of operations
ts. Birtholace Maryland	
22) 15. Birthplace	Date of op.
16. Informant Charles Reichter	Antepey results
aries keichter	PHTSICIAN: Please underline the cause to which death should be charged statistically.
Address Williamsport Md	22. VIOLENCE: If death was due to externat causes, filt in the tollowing:
Burial April 22 194	ZZ, VIOLETCE, II don't was not to salidite
Burial Date thereof April 22 194	7Accident, eulcide, or homicide
Riverview Cem	Where did injury occur?
Cemeiery of crematory	
Location WWilliamsport Md.	Injured at home, farm, Industry, public place (where?)
	Meane of Injury Injured at work?
18. Funeral director. Edith V. Leaf	Kod 2
Address Williamsport Md.	as cloustube & DO X eurocust
01.000 110 M. E & MED.	23. SIGNATURE M. D. or other
(Charit 22 1947) Mrs & Toe HT Character (Character Programme)	Address Ullianghous Mod Date signed 4/21/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bi-a

01428

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State Maryland cousty Washington City or town Boonsborg R#1 (If outside city or town limits, write RURAL and give nearest town) Street No. Mt. Lena Road (If rural, give LOCATION) 2.(a) If reteran, name war. None
3.(a) FULL NAME CONDON ROBINSON	3. (b) Social Security Number None
4. Sex Male S. Color or race S. (a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. APril 9, 1947 21.6 A N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.7. to Opport 19. 4.7. and that I last saw h. I am alive on Opport 19. 4.7.
8. AGE: Years Months Days It less than one day 58 O 16hrsmin.	Immediate cause of death DURATION
9. Birthplace Lexington, Rockbridge Co. Va. 10. Usual occupation. Had physical handisap 11. Industry or business 12. Name	Due to
14. Malden name Ella Mary Vest 15. Birthplace LexingtonVa. 16. Intermant Alfred L. Robinson	(Include pregnancy within 3 months of death) Major findings of operations
Address HagerstownMd. 17 Removal	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Hagerstown Md. 19. Abor 201 19.47 Blast Bowers, 19. West rect by recipitary	23. SIGNATURE Emist The M. D. or other Address / Langer John M. D. ar signed #19147.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4600

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CEDTIFICATE	OF	DEATH
CERTIFICATE	Or	DEATH

	Alogo Diato 1700 anni Tananananananan
1. PLACE OF DEATH: County La Cashington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cify or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, sayle RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veferan, name war
3. (a) FULL NAME William Henery C. Rr.	3. (b) Social Security Number
4. Sex 5. Color or raco 6. (a) Single, marcied, months, or discovered	MEDICAL CERTIFICATION 20. DATE OF DEATH Capail 3 19 47 of 6 1
6.(b) Name of husband or wife Sullis Anna British [1] Sulf Sulf Sullis	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Bifth date of decased (mo., day, yr.) May 1 1864. 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
82 11 23 hrs. min. 9. Birthplace Garfield Frederich Co.	Due VI La Carrier ouria
(Town, county, and state) 10. Usual occupation.	Duo to 2
11. Industry or business	
12. Name Sacob Russman	Diher conditions
14. Malden name Elizabeth freen 15. Birthplace	(Include pregnancy within 8 months of death) Major findings of operations
E 15. Birthplace Hof Rensur	Date of op.
18. Interment Classence Russman	Antopsy results
Address allinging 11.5	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Location And Tradition	Where did injury occur?
1.60to 91 Henry	Means of Injury Injured at work?
Address Wall Meabow fra	ecx di.

Registrar

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

		2411 N. C	Charles St., Baltimore 93-1	B	
		CERTIFIC	CATE OF DEATH	Reg. Dist. No	302
1. PLACE OF DEATH: County	eit of town limits, write town limits, write limits, where the limits where death occur on County	RURAL and give nearest town) k red: Hospital	2. USUAL RESIDENCE (HOME (For newhorn Infants give residence) State	County Hankl County Hankl Limits, write RURAL my give ne Main St give LOCATION)	
3. (a) FULL NAME	Simon	L. She	eller	3.(b) Social Security None	Number
11 001		ngie, married, widowed, or divorced	O MEDICAL	. CERTIFICATION	
m.	ω .	W.	2D. DATE DF DEATH April 6	19 47	4:30P
6,(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.)		6.(c) It alive, give age	years 21. I CERTIFY that death occurred on the dat	1947, 10 april	6 1947
	Months Days	It less than one day	Pryocarchitis.	chronic	2
91	5 10	hrs			
1B. Usual occupation	Farmer Retired	effler	Due to		
14. Maiden name			(Include pregnancy with	re	em
16. Informant	John Lill erstown Md	SUA	PHYSICIAN: Please noderline the cause of the	to which death should be charged	
Burial (Burial, cremation, or rev	noval. Which?)	hereof 4/9/47 (month) (day) (year			***************************************

PLAINLY, WITH ONF is especially important.

orrect age

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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PLEASE WRITE

Address (Date rec'd by registrar) Registrar Address.

23. SIGNATURE

injured at home, farm, industry, public place (where?) ...

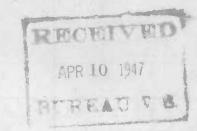
Meens of injury

(City or town)

M. D. quether Date signed.

(County)

injured at work?



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

()1431 Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County		
How long in above place of death? 73 Years	City or town (If outside city or town limits, write RURAL ond give nearest town)		
Hospital, Institution or street address where death occurred:	Street No.		
Il asher storiles Stooperst.	(If rural, give LOCATION)		
How long in hospital or institution? If Days	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Gertie V. B. Shupp	none		
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
I W Married	2D. DATE DE DEATH April 3 1947 of 305/M		
Bless of Ell bl	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife.	Thoseh 29 1942 to april 3 1942		
7. Birth date of 7 7 7 7 8 7 7 8 7 7 8 7 7 7 8 7 7 7 7	and that I last saw h. & T. alive on Office B 19.4.2.		
deceased (mo., day, yr.) Oct. 22, 1873			
8. AGE: Years Months Days If less than one day	Immedia cause of death DURATION		
73 5 //nin.			
Hartington Bo Mach	Due to.		
9. Birthplace (Town, county, and state)	Due 10		
10. Usual occupation Lousewife	Bucks		
11. Industry or business	Due to		
	arteurellune - aulalia -		
12. Name Jocot Struffer 13. Birthplace Manyland	Diher conditions		
El Mary Segond	(Include pregnancy within 8 months of denth)		
14. Maiden name	Major findings of operations.		
15. Birthplace Maryland	Date of op.		
16. Informant Clarence & Aluffe	Antopsy results ASabove		
Address 39 East ave Hagenstorm	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial Ang 6 1947	22. VIOLENCE: It death was due to external causes, till in the tollowing:		
17. Burial Date thereot. Apr. 6, 1947 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory Rest Haven Cemetery	Where did injury occur?		
Location Hagerstown, Md.	Injured at home, farm, industry public place (where?)		
18. Funeral director L. F. Reecher	Means of Injury Injured at work?		
	1 All Wald In		
Address Funkstown, Md.	23. SIGNATURE flules 4 flustemen lus		
10 apr. 51 , 47 Comany 1000000	150/11 1126 to St. M. D. or other		
(Date rec'd by registrar) Rogistrar	Addrese Date signed The		

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I PKI		A H			1 1 13

1. LACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giva residence of mother)
	t.on.	State Maryland County Wash.
City or fown. (If outside city or tow	ourg n limits, write RURAL and give nearest town)	City or town Chestnut Grove (If outside city or town limits, write RURAL and give nearest to
How long in above place of death? Hospital, Institution, or street address who	re death occurred:	
		Street No
		2.(a) If veteran, name war
3.(a) FULL NAME Irvin T	neodore Smith	3. (b) Social Security Number None
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White	Single	20. DATE DF DEATH
***************************************		and that I last saw h alive on
8. AGE: Years Months 3	Days If less than one day 14	n. Immediate saud of death to the saud of
9. Birthplace Chestnut Gr	ove-"ashMd	Due fo.
(Tor	n, county, and state)	
10. Usual occupation		Due to
	berry Smith	Diber conditions Columbules
13. Birthplace Chestnut	Grove-Maryland	(Include pregnancy within 3 months of death)
-41	ene Kesnor	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace Keyser,	W. Va.	Major findings of operations. Bate of op.
	Smith	Antoney reality
Address Chestnut G	rove, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistic
17. Burial Bate thereof April 21, 1947 (month) (day) (year)		22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
	yland	
		Manne of talums
18. Funeral director	arnshaw	X) 11.46 00

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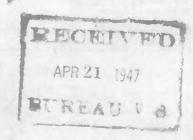


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

01433

CERTIFICAL	E OF DEATH Reg. Dist. No. 3.02	2	
1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Funkstown (If outside city or town limits, write RURAL and give nearest town) S years How long in above place of death? S years	State Maryland county Washington City or town Funkstown (If outside city or town limits, write RURAL and give nearest town)		
Baltimore St.	Street No. Baltimore St. (If rural, give LOCATION)		
How long in hospitat or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME MRS. MOLLIE MISSOURI SMITH	3. (b) Social Security Nu None	mber	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE OF DEATH APTIL 16, 19. 47		
6.(b) Name of husband or wile Charles Lee Smith	21. I CERTIFY that death occurred on the date above stated: that I attended deceased 42 to 19.	trom 47	
7. Birth date of deceased (mo., day, yr.) February 14, 1867	and that I last aaw h	19 / 7	
8. AGE: Years Months Days If less than one day	chr. vascular hypertebsion	Syrs 8	
	Due to chr. myocardial heart dise	90	
8. Birthplace Fairplay, Washing ton Co. Md.		byrs	
10. Usual occupationHousewife	Due to cerebral thrombosis	2 d.	
11. Industry or business Own Home			
12. Name. Hezekiah Mongan 13. 6irthplace Fairplay Md.	Other conditions		
14. Malden name Alice Rebecca Daugherty	(Include pregnancy within 3 months of death) Major findings of operations.		
	Oate of op.		
16. Informant Mrs. Chester C. Knepper Address Funkstown	Antopsy results	tistically.	
Burial (Burial, cremation, or removal, Which?) Oate thereof. 4/18/47 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide		
Cemetery or crematory Rose Hill Cemetery	Where did Injury occur?		
Location Hagerstown Md.	injured at home, tarm, industry, public place (where?)		
18. Funerat director. Andrew K. Coffnan	Meens of Injury Injured at work?		
Address Hagerstown Md.	23. SIGNATURE! Worker T hullo MO.	*******************************	
19. (Die rec'd by registrar) 19. (Die rec'd by registrar) Registrar	Address Hayerstown hid Bate signed.	16/47	



2411 N. Charles St., Baltimore 95d

CERTIFICATE OF DEATH

302 Reg. Diat. No....

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
	Stale Maryland County Washington		
City or town. (If outside city or town limits, write RURAL and give nearest town)		y washing con	
How long in above place of death? 2 Years	City or town Downsville	write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits,	write RURAL and give nearest town,	
Homewood Virginia Ave	Street No		
2 Vacra	2.(a) If veleran, name war NONE		
How long in hospital or institution? 2 Years	2.(a) If veleran, name war		
3. (a) FULL NAME		3. (b) Social Security Number	
MISS MARY V. SNYDER		None	
4. Sex 5. Color or race 6.(G) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female white Single	20. DATE OF DEATH April 24	1947 19 4	
	21. I CERTIFY that death accurred on the date above		
S.(b) Name of hysband or wife	Charles I and I am and a second	6 19 april 24 1847	
S.(c) If alive, give age years		/ · / / / / / / / / / / / / / / / / / /	
7. Birth dats of	and that I last say be a live onalive on		
	Immediate cause of death	OURATION	
o. Ada.		<u></u>	
60 0 20hrsmln.	Che Myreath	640	
9. Birlhpiace Downsville Wash. Co. Md. (Town, county, and state)	Due to		
10. Usual occupation Housework	Oue to		
11. Industry or business Own Home			
E 12 Mame Simon Snyder	Other conditions		
Simon Snyder 12. Name Simon Snyder 13. Birthplace Downsville Md.			
Manus To Forma	(Include pregnancy within 3 m	onths of death)	
14. Maiden name. Mary LeFevre 15. Birthplace Downsville Md.	Major fiudiags of operations		
2 15. Birtholace Downsville Md.			
16. Informant Rev. W.R. Hartzell	Autopsy results		
	PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.	
Address Hagerstown Md.	22. VIOLENCE: If death was due to external caus	es fill in the following:	
Burial (Burial, cremation, or removal, Whieh?) Oate thereof (month) (day) (year)			
Burial Oate thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory River View Cemetery	Whera did Injury occur?(City or town)	(County) (State)	
Williamsport Md.	injured at home, farm, findustry, public place (who		
18. Funeral director Andrew K. Coffman	Maans of injury	Injured at work?	
Address Hagerstown Md.	Theh.	10	
About 17 1 Yearly all	23. SIGNATURE	M. D. or other	
19. (Date ree'd by registrar) Registrar	Address Zuch	Day Date signed	

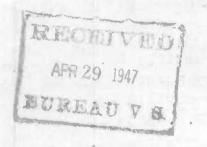
MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. In a important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially

PLEASE

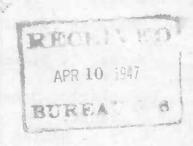
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PLEASE

1. PLACE OF DEATH: County	TE OF DEATH Reg. Diat. No. 30 2 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
How long in above place of death? 24 Years Nospital, institution, or street address where death occurred: Washington County Hospital How long in hospital or institution? 2 Day	2. USUAL RESIDENCE (HOME) OF DECEASED:		
3. (a) FULL NAME John MArtin Stains	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH. April 6, 1947 19 2:00 A.		
6.(6) Name of husband or wife Hilda May Stains 7. Birth date of deceased (mo., day, yr.) June 30, 1895 8. AGE: Years Months Days If less than one day 52 9 6 hrs. min. 9. 8irthplace Greencastle, Franklin Co. Pa. (Town, county, and state) 10. Usual occupation Employee Victor Products	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Capril 5 19 47 to produce 19 47. and that I last saw home allive on Capril 6 19 47. Immediate cause of death OURATION OURATION OURATION Due to OURATION Due to OURATION		
11. Industry or business			
Samuel F. Stains 13. Birthplace Penna.	Other conditions		
E 14. Malden name Catherine Schydtz	(Include pregnancy within 3 months of death)		
14. Malden name Catherine Schydtz 15. Birthplace Penna.	Major findings of operations		
16, Interment Harry M. Stains	Date of op		
	C+ Un come to wish PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 906 Landvale St. Hagerstown, Month of the Month o	22 Violence If death was due to external causes, fill in the following:		
Location Greencastle Penna.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Fred W. Kraiss	Meens of Injury injured at work?		
Address Hagerstown, Maryland. 19. Clfv, 8. 19. 47. Clear Bowers (Dode rec'd by registrar) Registrar	/23. SIGNATURE U. D. Jaymon, Inst. Address 100 Profession Sat Bland Toping		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 35-31

CERTIFICATE OF DEATH

Reg. Dist. No. 302

CLICITICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	STOUFFER 3. (b) Social Security Number 214-09-8702
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced MALE WHITE MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH APRIL 6 19 47 21 3:55 a. N
6.(b) Name of hueband or wife. SUSAN STERLING TOUFFER 6.(c) If alive, give age. 60 years 7. Birth date of deceased (mo. day, yr.) FEBRUARY 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace. CAVETOUN WASH. MARYLAND 10. Usual occupation. SHEET METHOL WORKER 11. Industry or business SAND BLAST EQUIP, NANOFACT.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 26 19.45 10. April 5 19.47 and that I last saw h. im. alive on April 5 Immediate cause of death Meningitis; probably DURATION tuborculars a Retai hemolytic streptocoecic unknown infaction. Curlon Due to.
12. Name WILLIAM H STOUFFER 13. Birthplace HIPPENSBURG, PA, 14. Maiden name LILLE V. SIGLER 15. Birthplace SMITHSBURG MARYLAND	Other conditions. Adenocarcinoma left masal about 2 passage & left antrum years (Include pregnancy within 3 months of death) Major fiadings of aperations.
15. Birthplace SMITHS BURD 16. Informant Susanu S. Storiffer Address 33 W Wilson Blod. 17. Buriel (Buriel, cremation, or removal, Which?) Cemetery or crematory Susanu	Aatopsy results
18. Funeral director. Association of the second of the sec	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE W. Hamilton Smith Address Hagerstown, Maryland Date signed Apr. 7, 14.

MARGIN RESERVED FOR BINDING

H UNFADING INK. Supply every item of information carefu ortant. Physicians: please write the causes of death clearly at

VS AT5 9-45-15M

APR 10 M7

UNFADING INK. Supply every item of information carefully. Ine correct ant. Physicians: please write the causes of death clearly and legibly.

important.

especially

PLEASE WRITE

MARGIN RESERVED FOR BINDING

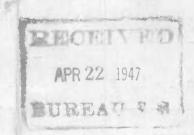
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-00

CERTIFICATE OF DEATH

Reg. Dist. No. 302

8. AGE: Years Months Days If less than one day 78 10 3 hrs. min. 9. Birthplace Claylick Frenklin Co. Pa. 10. Usuat occupation Farmer 10. Usuat occupation Parmer 11. Industry or business Retired 12. Name David R. Sword 13. Birthplace Blairs Valley Pa. 14. Malden name Christine Bohrer 15. Birthplace Blairs Valley Pa. 16. Informant Howard Sword Address Hagerstown Md. R # 2 17. VIOLENCE It death was due to external causes fill in the following:				
County Magerstown R.F.D. City or town Hagerstown City or town Hagerstown City or town Hagerstown City or town Hagerstown City or town Hagerstown City or town Hagerstown Counted Coun		2. USUAL RESIDENCE (HOME) OF	DECEASED:	
City or town limits, write RURAL and give nearest town	County Washington			1
Roopstal, Institution, or street address where death occurred: Western Pike	(If outside city or town limits, write RURAL and give nearest town)	**		
New long in hospital or institution? Street Ra. (If rural, give LOCATION)	How long in above place of death? 5 Months	(If outside city or town limits,	, write RURAL and give neare	st town)
Bow long in hospital or institution? 2.(a) If veteran, name war None	Wagtonn Dilea	31reet No		
3. (a) FULL NAME MELVILLE STEWART SWORD 4. Sex 5. Color or race 6. (a) Single married, widewed, or divorced Male white Single 6. (b) Name of husband or wife Single Single Single Single Single Single Single 7. Birth date of deceased (mo., des. yr.) June 15 1868 June Single Singl	_	None	LOCATION)	
MELVILLE STEWART SWORD 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Male White Single 6. (b) Name of husband or wife. Single Single		Z.(a) IT veteran, name war		1
Sex				umber
Male white Single 6.(b) Name of husband or wife. 7. Birth date of deceased (mo., dsy, yr.) 8. AGE: Years Months Days If less than one day 78 10 3 hrs. min. 9. Birthplace Claylick Franklin Co. Pa. (Towh, county, and state) Farmer 10. Usuaf occupation. 11. Industry or business Retired 12. Name David R. Sword 13. Birthplace Blairs Valley Pa. 14. Malden name Christine Bohrer 15. Birthplace Blairs Valley Pa. 16. Informant Howard Sword Address Hagerstown Md. R # 2		The state of the s		
6.(6) Name of husband or wife. 21. ICERTIFY that dead occurred on the date above stated; that I attended deceased from the deceased from				
6.(c) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., 4sy, yr.) 8. AGE: Years Months Days If less than one day Town, county, and state) 9. Birthplace Claylick Franklin Co. Pa. 10. Usual occupation Farmer 11. Industry or business Retired 12. Name David R. Sword 13. Birthplace Blairs Valley Pa. 14. Malden name Christine Bohrer 15. Sirthplace Blairs Valley Pa. 16. Informant Howard Sword Address Hagerstown Md. R # 2 27. VOLENCE Meach was due to which death should be charged statistically and the following:	Male white Single	20. OATE OF OEATH	.O 1947 19	at
Second Comparison Seco	6.(b) Name of husband or wife			
Second (mo., 4sy, yr.) State 15 1888	6.(c) If alive, give age	4-17-47 10	10	719
8. AGE: Years Months Days If less than one day 78 10 3 hrs. min. 9. Birthplace Claylick Franklin Co. Pa. 10. Usuat occupation Farmer 10. Usuat occupation Farmer 11. Industry or business Retired 12. Name David R. Sword 13. Birthplace Blairs Valley Pa. 14. Malden name Christine Bohrer 15. Birthplace Blairs Valley Pa. 16. Informant Howard Sword Address Hagerstown Md. R # 2 Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically and the sales	7. Birth date of June 15 1868			
78 10 3 hrs. min. 9. Birthplace. Claylick Franklin Co. Pa. 10. Usuat occupation. Farmer 11. Industry or business Retired 12. Name. David R. Sword 13. Birthplace Blairs valley Pa. 14. Maiden name. Christine Bohrer 15. Birthplace Blairs Valley Pa. 16. Informant Howard Sword Address Hagerstown Md. R # 2 2 VIOLENCE It death was due to external causes of till in the following:		Immediate cause of death		DURATION
9. Birthplace. Claylick Franklin Co. Pa. (Town, county, and state) Farmer 10. Usuat occupation. Retired 11. Industry or business Retired 12. Name. David R. Sword 13. Birthplace Blairs Valley Pa. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. Out to. (Include pregnancy within 3 months of death) Major findings of operations. Oute of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically and the starged causes of till in the following:		La luffe	.,,	mud
To. Usual occupation. Farmer 10. Usual occupation. Retired 11. Industry or business Retired 12. Name. David R. Sword 13. Birthplace Blairs Valley Pa. 14. Malden name. Christine Bohrer 15. Sirthplace Blairs Valley Pa. 16. Informant. Howard Sword Address Hagerstown Md. R # 2 22. VIOLENCE: It death was due to external causes. fill in the following:	Claylick Franklin Co. Pa.	Rue to \$	6	
10. Usual occupation. 11. Industry or business Retired 12. Name David R. Sword 13. Birthplace Blairs Valley Pa. 14. Malden name Christine Bohrer 15. Birthplace Blairs Valley Pa. 16. Informant Howard Sword Address Hagerstown Md. R # 2 22. VIOLENCE: It death was due to external causes. fill in the following:	(Town, county, and state)	Broscha Pneum		for day
12. Name David R. Sword 13. Birthplace Blairs Valley Pa. 14. Malden name Christine Bohrer 15. Birthplace Blairs Valley Pa. 16. Informant Howard Sword Address Hagerstown Md. R # 2 22. VIOLENCE: It death was due to external causes. fill in the following:	10. Usuat occupation. Farmer	Que to		
33. Birthplace Blairs Valley Pa.				***************************************
14. Malden name Christine Bohrer Major findings of operations. Christine Bohrer Major findings of operations. Major findings of operations Ma	質 12. Name David R. Sword	Other conditions		***************************************
14. Malden name Christine Bohrer 15. Birthplace Blairs Valley Pa. 16. Informant Howard Sword Address Hagerstown Md. R # 2 22. MOLENCE: If death was due to external causes. fill in the following:	∑ 13. Birthplace Blairs Valley Pa.	14.12 0 -		
Address Hagerstown Md. R # 2	14. Malden name Christine Bohrer			
Address Hagerstown Md. R # 2	5 8 Sirthplace Blairs Valley Pa.			
Address Hagerstown Md. R # 2	Howard Sword			
22 VIOLENCE, It don't was due to external sources fill in the following:		PHYSICIAN: Please underline the cause to wh	ich death should be charged st	atistically.
Cote thereof # / NO / # 1	1 1	22. VIOLENCE: If death was due to exfernal cause	ses, fill in the following:	
17. Oate thereof	Burial Quie thereof 4/20/47 (Burial, cremation, or removal. Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory Lutheran Cemetery Whers did Injury occur? (City or town) (County) (State)		Whers did injury occur?(City or town)	(County)	(State)
Location Clears Springs Md. Injured at home, farm, Industry, public place (where?)				
18. Funeral director Andrew K. Coffman Meens of Injury Injured at work?		Meens of Injury	Injured at work?	
Address Hagerstown Md.		(1)0.	1	
19. Africa (Date rec'd by registrar) 19. Proposition of the state of	160, 19 47 brearth Bower	23. SIGNATURE	21	11.11



WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibl

correct age

S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8920

CERTIFICATE OF DEATH

11437 Reg. Dist. No. 302

1. PLACE OF DI	EATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Washington			We may lend		
City or town	gerstown.	mits, write RURAL and give nearest town)	State County Cou		
How tong in above place	ce of death?	ears	(If outside city or town limits, write RURAL and gi	ve nearest town)	
	or street address where		Street No. E. Cleveland Ave.		
E, C1	eveland A	ve.	(If rurai, give LOCATION)		
How long in hospital	or institution?		2.(a) If veteran, name war		
3. (a) FULL NAM	1E	r	3. (b) Social Sec	urity Number	
	ALEXANDE	R TRACEY			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	4	
Male	White	Married	20. DATE OF DEATH April 6, 19.	47 12 P	
6.(b) Name of husban 7. Birth date of deceased (mo., day.	Fahrer	B. Tra.cy 6.(c) If allive, give age 53 years ry 6, 1865	21. I OFFIFY that death occurred on the date above stated; that I attends 13	el 6 19 47	
8. AGE: Yea		Days If less than one day	Immediate cause of death Security	DURATION	
81		①	Selval Humping	11day	
		Franklin Co. Penna.	Due to		
		ith .	Due to	••••••	
1t. Industry or busine	oss Own En	ployer			
当 12. Name	James E.	Tracy	Dther conditions		
12. Name James E. Tracy 13. Birthplace Claylick Pa.					
14. Malden name Mary B. Tosten Stringlace Claylick Pad 15. Birthplace Mrs. Lucy Tracy		Tosten	(Include pregnancy within 3 months of death)		
본 14. Malden nam		1080011	Major fiediags of operations		
15. Birthplace	Clayli	ck Pa.		,	
16 Interment M	rs. Lucy	Tracy	Actopsy results	***************************************	
	agerstown		PHYSICIAN: Please noderline the cause to which death shootd he ch	arged statistically.	
			22. VIOLENCE: If death was due to external causes, flit in the following:		
17 Buri	al	Date thereof	Accident, suicide, or homicide		
(Burial, crematic	Pogo H	ill Cemetery			
Cemetery or crema	Hory 1056 11	TIT CEMETELY	Where did injury occur (County) (County)		
Location	Hagerstow	n Md.	Injured at home, farm Industry public place (where?)	••••••••	
18. Funeral director. Andrew K. Coffman		•	Means of Injury Injured 21 work	(?	
			Was Villial	lin	
Address	Hagerstow	7 Read HARMAN	23. SIGNATURE HURE JA WHILE	M. D. or other	
19 agos.	1 19 4	Transfirmers	1 Las son lad	(////0)	
(Date rec'd by	registrar)	Registrar	Address Date s	signed	

